

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Docket No.	S1022.80985US01
	First Named Inventor or Application Identifier	
	MARTY, Pierre et al.	
	Express Mail Label No.	EV292547039 US
	Date of Deposit	November 3, 2003

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231
1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total pages 13] 9 - pages description 1 - pages abstract 3 - pages claims 18 - Total claims 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 3] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal [Total drawings 5] 5. <input type="checkbox"/> Oath or Declaration [Total pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5b. <input checked="" type="checkbox"/> Incorporation by Reference The entire disclosure of the prior application(s), Serial No. 10/406,627 Serial No. 10/111,506 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 6. <input checked="" type="checkbox"/> Application Data Sheet, See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers/cover sheet & documents(s) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation of Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(ii) 17. <input type="checkbox"/> Other: _____ _____ _____

17a. PURSUANT TO 35 U.S.C. §119, APPLICANT HEREBY CLAIMS PRIORITY TO PCT APPLICATION NO. PCT/FR01/02699, FILED AUGUST 24, 2001 AND FRENCH PATENT APPLICATION 00/10943, FILED AUGUST 25, 2000.

17b. DO NOT CHARGE ANY FILING FEES OR ADDITIONAL FEES TO OUR DEPOSIT ACCOUNT

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19. **NOTE TO PRACTITIONERS:** If a CONTINUING APPLICATION, supply the requisite priority or continuity information in the body of the application, or in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

For CONTINUATION OR DIVISIONAL APPS ONLY: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

20. CORRESPONDENCE ADDRESS

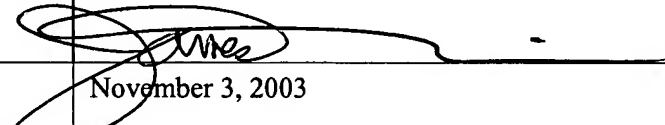
Correspondence address below

CUSTOMER NUMBER: 23628

OR (do NOT use both)

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FAX	

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	James H. Morris, Reg. No. 34,681
SIGNATURE	
DATE	November 3, 2003